

**Smith Fire Systems, Inc.**  
**Airport Fire Suppression System Services**  
**Amendment No. 1**

CONSULTANT: Smith Fire Systems, Inc.

CONTACT PERSON: Christi Bender

ADDRESS: 4106 136<sup>th</sup> St NE  
Marysville, WA 98271

FEDERAL TAX ID NUMBER/U.B.I. NUMBER: 601-046-860

TELEPHONE/FAX NUMBER: 360-474-5906    cbender@smithfire.com

COUNTY DEPT: Airport Fire

DEPT. CONTACT PERSON: Joshua R. Cole, AMF

TELEPHONE/FAX NUMBER: 425-388-5484    joshua.cole@snoco.org

PROJECT: RFP-027-21BC

AMOUNT: not to exceed \$120,000

FUND SOURCE: 410-521680-4201

CONTRACT DURATION: Original: Execution through three (3) years,  
unless extended pursuant to  
Section 2 of original contract

**AMENDMENT NO. 1 TO AGREEMENT FOR FIRE SUPPRESSION SYSTEM SERVICES**

THIS AMENDMENT NO. 1 (this "Amendment 1") to the AGREEMENT FOR FIRE SUPPRESSION SYSTEM SERVICES (the "Agreement") is made by and between SNOHOMISH COUNTY, a political subdivision of the State of Washington (the "County" ) and Smith Fire Systems, Inc., a Washington Corporation (the "Contractor"), In consideration of the mutual benefits and covenants contained herein, the parties agree as follows:

1. Section 3(f) is added as additional terms under Section 3. Compensation; Contract Maximum as follows:
  3. Compensation.
    - f. Contract Maximum.
      - (i) Total charges for Services as detailed in Schedule A, Scope of Services, and Schedule B, Compensation under this Agreement, all fees and expenses included, **shall not exceed \$120,000** for the initial three (3) year term of this Agreement (excluding extensions, if any).
2. All other terms and conditions of the Agreement not inconsistent with this Amendment shall remain in full force and effect except as expressly modified by this Amendment No. 1.

SNOHOMISH COUNTY:

SMITH FIRE SYSSYSSTE, INC.:

Dated this 22 day of July, 2022,

Dated this 14 day of July, 2022,

~~Dave Somers~~ Ken Klein  
~~County Executive~~ Executive Director

By:  
Its: Operations Manager ITM

Approved as to insurance  
and indemnification provisions:

Approved as to form only:

\_\_\_\_\_  
Risk Management Date

Approved as to form only:

\_\_\_\_\_  
Deputy Prosecuting Attorney Date